

Kidney Transplantation Committee Update

Fall 2011

KIDNEY ALLOCATION SYSTEM

OPTN



Concepts Proposed

- Utilize a kidney donor profile index (KDPI) to better characterize donor kidneys and to provide additional clinical information for patients and providers to consider during the transplant evaluation process and organ offer process.
- Allocate the majority of organs (80%) by age matching so that candidates within 15 years (older and younger) of the donor are prioritized.
- Allocate some kidneys (20%) by a kidney donor profile index (KDPI) and estimated recipient post-transplant survival.

Feedback Received

- General agreement with longevity matching for some kidneys
- Concerns over use of age matching (+/-15 years)
- Support for use of KDPI as a clinical tool and in allocation

Committee Decisions



- ~~age matching~~



- Longevity matching for top 20%
- A2/A2B nationally
- ESRD time in addition to waiting time
- KDPI
- sliding scale for CPRA points

Previously
proposed
and
supported



- expedited placement for high KDPI kidneys
- broader sharing for the most highly sensitized candidates (CPRA $\geq 98\%$)

New
concepts

Addressing System Limitations

Stated Limitation of the Current System	Applicable Concepts
Mismatch between potential survival of the kidney and the recipient	Longevity matching
Variability in access to transplantation by blood group and geographic location	A2/A2B, broader sharing
High discard rates of kidneys that could benefit candidates on the waiting list	KDPI, expedited placement,
Reduce differences in transplant access for populations described in NOTA (e.g., candidates from racial/ethnic minority groups, pediatric candidates, and sensitized candidates).	ESRD time, broader sharing, CPRA sliding scale, maintain peds priority

Current Working Model

Patients rank ordered by

- Waiting /ESRD time
- DR matching
- Sliding scale CPRA

System features

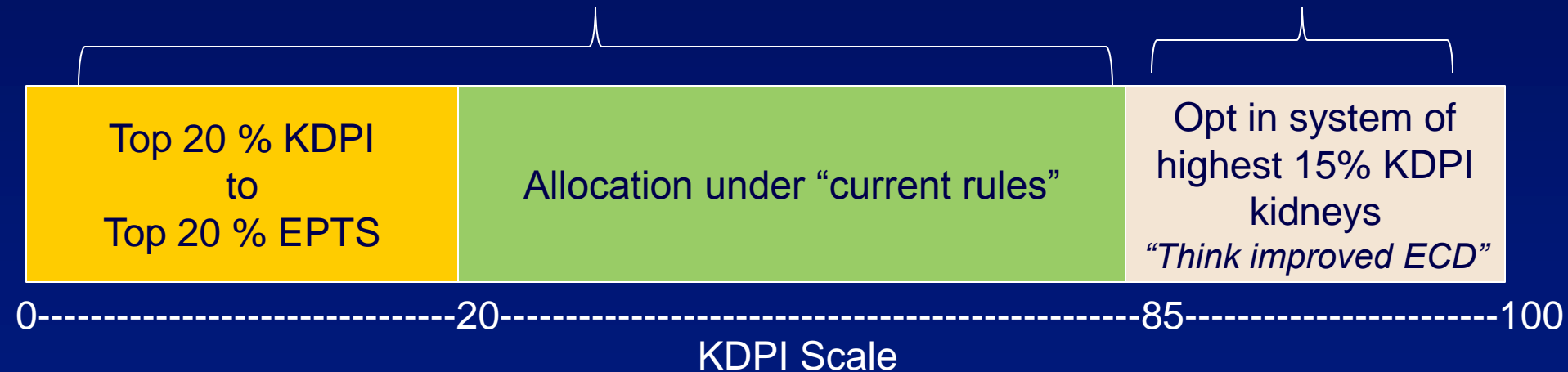
- A2 -> B

Patients rank ordered by

- Waiting/ESRD time

System features

- Regional sharing
- A2 -> B



Highlights

- Allocation based on longevity matching is accepted and sustains legal scrutiny
- The majority of kidneys are still allocated very similarly to current rules
- Waiting time remains the primary determinant of kidney allocation with a more inclusive definition
- Improve “ECD” system addresses concerns of older recipients
 - “Opt in” preserves choice
 - Allows trade off of a kidney with more longevity for more rapid transplantation
 - Regional allocation might improve recovery and placement
 - Allocation on time alone makes it predictable and allows list management.

VARIANCE REVIEW PROCESS

Process to date

- Review of existing variance according to Final Rule requirements
 - Research design
 - Time limited
 - Designed to test potential policy modifications before national implementation

Kidney Committee reviewed all existing variances and identified those that it believed would be could be beneficial if implemented as part of a national kidney allocation policy.

Next Steps

- Committee will send letters to each OPO regarding its recommendations.



Letter #1: Recommendations for national policy
OPOs that wish to propose that its variance be reconsidered for national allocation policy will be asked to submit a brief (no more than 2 page) rationale.



Letter #2: Recommendations for ALUs/Sharing arrangements
OPOs wishing to maintain variances due to unique geographical constraints will be asked to submit a rationale.

Recommendations to Board

- The Committee will review any responses to its letters before making final recommendations to the Board of Directors to either:
 - incorporate the variance into national kidney allocation policy
 - acknowledge that the OPO has a permanent need for an alternative arrangement and codify in policy
 - discontinue the variance.

Questions



Proposal to Clarify Requirements for Waiting Time Modification Requests

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Problem Statement

- Current waiting time modification policy is not clearly written
- Consequences
 - Wasted time for tx center staff
 - Missing or incomplete documentation
 - Delays in error correction

Current Process and Volume

- Request submitted to the Organ Center
 - once the documentation is complete it is forwarded to Committee
-
- Committee reviews ~23 requests annually
 - Half of all received requests are incomplete
 - Time from receipt to decision is 16.7 weeks due to incomplete submissions

Proposed Solution

- Reword the policy so that requirements and process are clearly stated.

***No changes are proposed to the existing requirements or process. ***

Policy Language Changes

- Instead of one lengthy and circuitous page, the policy is now broken into four distinct policy sections
- The requirements are now clearly stated in a bulleted list
- The application process is delineated in a numerical list

Evaluation

- Effectiveness of changes will be determined by evaluating:
 - The number of incomplete requests submitted
 - The length of time from submission to decision

Questions

